



INDIANA STATE INCOME TAX WITHHOLDING FOR LUMP SUM DISTRIBUTION

State Form 53466 (12-07)

Approved by State Board of Accounts, 2008

Indiana State Teachers' Retirement Fund

150 West Market St., Suite 300

Indianapolis, IN 46204-2809

Telephone: (317) 232-3860 /

(888) 286-3544

Website: www.in.gov/trf

PRIVACY NOTICE

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

MUST USE BLACK OR BLUE INK

This form is optional. If you elect to receive a lump sum distribution of your Annuity Savings Account (options ASA 2 or ASA 4) and would like to have Indiana State Income Tax withheld from your distribution, please complete this form.

The Indiana State Income Tax Rate is 3.4%. The 3.4% rate does not include county tax.

Full name		Social Security number	
Street address		TRF number	
City	State	ZIP code	Telephone number () -
I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount for Indiana State Tax Withholding from my lump sum distribution:		\$	
I hereby request voluntary Indiana State Income Tax Withholding from my lump sum distribution of my Annuity Savings Account.			
Signature		Date (<i>month, day, year</i>)	
Please consult a qualified tax professional if you have any questions regarding the tax status of your retirement income.			